

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/584044		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/					52						
3		2					53						
4		/					54						
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49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	←	10	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		11				TOTAL CLAIMS						

PTO-1314 (REV. 11/89)

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